

ECS Configuration Change Request

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CCR No. 97-0965	Logged Date 6/13/97	Rev. " - "	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input checked="" type="checkbox"/>	Affected Release B0	Change Class	
Title IDL Training on July 14-18, July 21-23/97			
Documents Affected VCATS Baseline Manager		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem IDL will be conducting help desk training for the M&O organization on July 14-18, 21-23/1997, in room 2116. Please provide the following for this training course: 1 LCD Panel (with high resolution), access to all 10 xterminals in room 2116, new release of IDL 5.0 (including class file) installed on a server for training, logon identifications assigned to employees receiving training, 20 Mb of hard disk space to install, testing of IDL software (including class file) and logon identifications 15 days prior to July 14, and installation of temporary keys.			
Proposed Solution Assign another server for COTS training. Previous server "dilbert" does not have enough availability.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input checked="" type="checkbox"/> QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> A.1 <input type="checkbox"/> Other _____ Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input checked="" type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator <u>Keondra D. Joyner</u> _____ Signature _____ Date _____			
Office <u>M&O</u> Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			